FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-010 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| of Section Softy of the investment company Act of 1340 | | | | | | | | | | | | |
|---|--------------|-------|---------------------|---|--|---------|--|---|---|--|--|--|
| 1. Name and Address of Reporting Person* Lau Alfonso 2. Date of Event Requiring Statement (Month/Day/Year) 03/04/2020 | | | | nent | 3. Issuer Name and Ticker or Trading Symbol RBB Bancorp [RBB] | | | | | | | |
| (Last) (First) (Middle) 1055 WILSHIRE BLVD SUITE 1200 | | | | | Relationship of Reporting Perso (Check all applicable) X Director Officer (give title | | 10% Owner Other (specify | | 5. If Amendment, Date of Original Filed (Month/Day/Year) 10/25/2018 | | | |
| (Street) LOS ANGELES | LOS CA 90017 | | | | | below) | below) | | Individual or Joint/Group Filing (Check plicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D or Indirect (I) (Instr. 5) | | ct (D) (Ins | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Common Stock, No Par Value | | | | | | 166,456 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisal Expiration Date (Month/Day/Year) | | | ate | and 3. Title and Amount of Secu Underlying Derivative Secu | | | | rcise Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | Date Exercisable | Expiratio Date | n Title | | Amount or Number of Shares | Derivative Security | or Indirect (I) (Instr. 5) | | | |

Explanation of Responses:

Remarks:

Correcting amount of securities originally owned.

Alfonso Lau

** Signature of Reporting Person Date

03/04/2020

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.